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October 5, 2010

FedEx: 8690-8939-8761

Document Processing Desk – 6(a)(2)
Office of Pesticide Programs
Document Processing Room S-4900
One Potomac Yard
2777 South Crystal Drive
Arlington, VA 22202

RE: Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident

Gentlemen / Ladies

In accordance with FIFRA 6(a)(2) and 40 CFR Part 159.184, we are hereby submitting a Voluntary 6(a)(2) Incident Report for an adverse incident reported to us on October 4, 2010.

Enclosed please find the following item:

1. Voluntary Industry Reporting Form 6(a)(2) Adverse Effects Incident Information (Internal ID: 1-24281394)

If you should have any questions regarding this matter, please do not hesitate to contact me.

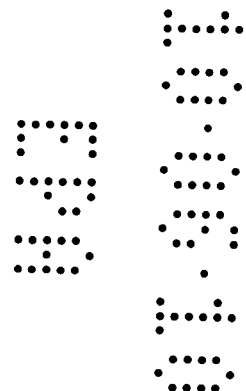
Sincerely,
Hacco, Inc.

Jennifer J. Seifert
Manager, Regulatory Affairs

Enclosures

JJS/tla

Scanned &
emailed to J. Hebert,
HED Incident Team,
E. Davido
10/7/2010
N. Spaulding
US EPA



Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 1 of 3

Row 1 Administrative Data	Reporter name: [REDACTED]	Submission date:	Contact person (if different than reporter)	Internal ID 1-24281394
	Address: Oregon		Address:	
	Phone #: [REDACTED]		Phone #:	
	Incident Status: New	Location and date of incident Oregon 09/30/2010	Date registrant became aware of incident: 10/4/2010	Was incident part of larger study?
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) 61282-24-79717		EPA Registration # (Product 2)	EPA Registration # (Product 3)
	A.I. (s) Diphacinone		A.I. (s)	A.I. (s)
	Product 1 Name Sierra Squirrel Bait		Product 2 Name unknown product(s)	Product 3 Name
	Exposed to concentrate prior to dilution? NA		Exposed to concentrate prior to dilution? NA	Exposed to concentrate prior to dilution?
	Formulation		Formulation	Formulation
Row 3 Incident Circumstances	Evidence label directions were not followed? Yes Intentional misuse? Yes	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway))		
	Applicator certified PCO? Not applicable	Workplace		
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) See Incident Description	Situation: (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating) See Description Notes		

Personal privacy information

9/30/2010 11:51:50 AM

Sierra Squirrel bait

No identifying information provided

Hx: Caller stated that an employee ingested a product, with the intent to injure himself. She believes this happened about 1 hour ago. She is not sure what product he ingested, she grabbed a product nearby and dialed the Medical information number and that is how she called us.

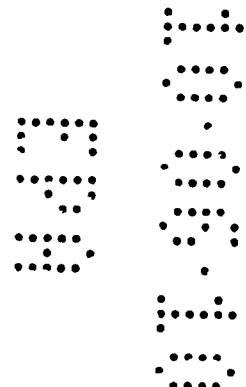
They had given the person water, and they wonder what else they should do for him. No sxs described before we were disconnected as she went to retrieve the product that the other employee ingested.

A: I requested exact product information to enable me to provide first aid advice. When caller went to get the exact product the phone connection went dead.

9/30/2010 12:06:02 PM

Called [REDACTED] back after we were disconnected. She was obviously distraught and stated that the injured person had just passed away and they believe that he had ingested two handfuls of a strychnine type product. Paramedics had been called but were not yet on scene, CPR attempted but not successful. Offered my condolences for her loss.

Personal privacy information



Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 3 of 3

Demographic information Age: <i>Unknown</i> Sex: <i>Male</i> Occupation: (if relevant)	Exposure route: <i>Ingestion</i>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <i>Yes</i>	Was protective clothing worn (specify)? <i>Not applicable</i>
If female, pregnant? <i>Did not query</i>	Was exposure occupational? <i>Yes</i> If yes, days lost due to illness: <i>0</i>	Time between exposure and onset of symptoms: <i>See Symptoms</i>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <i>On-site</i>	List signs/symptoms/adverse effects. <i>Sudden death, Unable to determine;</i>		If lab tests were performed, list test names and results (If available, submit reports). <i>Not Reported</i>
Exposure data: Amount of pesticide: Exposure duration: Weight:			
Human severity category: <i>HA</i>			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
1-24281394